# Annual Report
# 1988
# Health Department

city of Regina

# City of Regina Council

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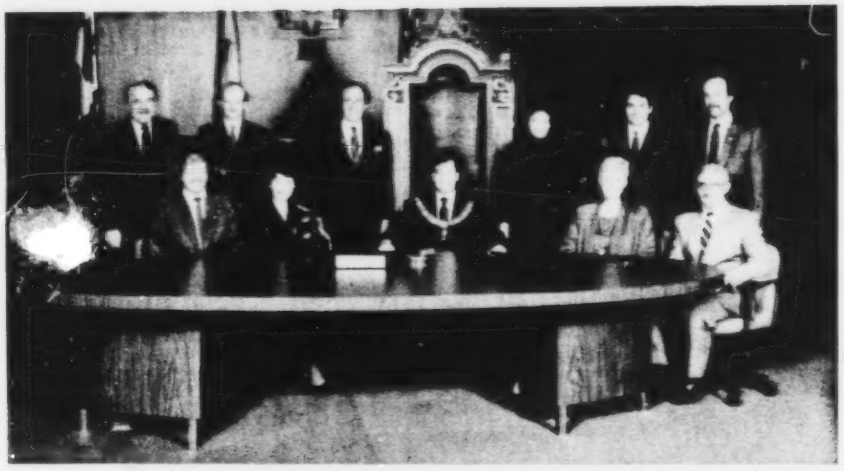


*Standing (L to R): T. Cholod, R. Langgard, J. Lipp, D. Hincks, D. Young, W. Wells. Seated (L to R): W. Gray, D. Hamilton, His Worship D. Archer, G. Helmsing, J. McKeown.*

## Board of Health*

**(January-October, 1988)**

Councillor D. E. Hamilton, Chairperson
Councillor G. Helmsing, Vice-Chairperson
Councillor W. A. Wells
His Worship Mayor L. Schneider, Ex-officio

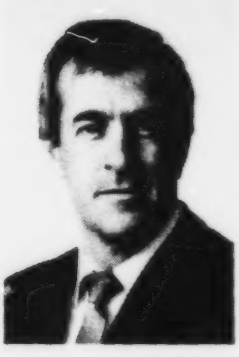
## Board of Health*

**(November-December, 1988)**

Councillor D. E. Hamilton, Chairperson
Councillor D. Young, Vice-Chairperson
Councillor G. Helmsing
Councillor W. A. Wells
Councillor J. McKeown
His Worship Mayor D. Archer, Ex-officio

**The Community Services Committee is comprised of the same members.*

## Senior Administration



*Left: R. Linner, City Manager*

*Right: J. Spencer, Senior Director of Community and Social Services*

# Table of Contents


| | Page |
|---|---|
| Report of the Medical Health Officer | 1 |
| Organization Chart | 7 |
| Mission and Goals | 8 |
| Statistics | 9 |
| Communicable Disease Control | 15 |
| Environmental Health Control | 21 |
| Health Education and Promotion | 27 |
| Nutrition | 27 |
| Expectant parent program | 29 |
| Family planning | 31 |
| AIDS awareness program | 31 |
| Students | 32 |
| Smoking | 32 |
| Seniors' Health Fair | 34 |
| Drug Awareness Week | 35 |
| Food handling | 35 |
| Swimming pool operators | 35 |
| Education materials | 35 |
| Health talks | 35 |
| Displays | 36 |
| Media | 36 |
| Native Health Program | 37 |
| Family Health Programs | 39 |
| Infant and preschool services | 39 |
| School services | 40 |
| Home visiting | 41 |
| Referrals | 42 |
| Boarding care homes | 42 |
| Administration Reports | 43 |
| Financial Report | 51 |



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# List of Tables and Figures


| | | Page |
|---|---|---|
| Table 1 | Health statistics summary, 1984 to 1988 | 9 |
| Table 2 | Population of Regina by age group and sex, 1988 | 10 |
| Table 3 | Regina births by age and marital status of mother, 1988 | 11 |
| Table 4 | Deaths by major causes and sex, 1988 | 11 |
| Table 5 | Potential Years of Life Lost, Regina | 12 |
| Table 6 | Selected mortality statistics: Saskatchewan Health Regions and Cities of Regina and Saskatoon, 1986 | 13 |
| Table 7 | Immunization procedures, Regina, 1988 | 16 |
| Table 8 | Communicable disease cases reported in Regina, 1987-88 | 18 |
| Table 9 | Communicable disease investigation, 1987-88 | 19 |
| Table 10 | Rheumatic fever program, Regina, 1986-88 | 19 |
| Table 11 | Placarded dwelling units, 1988 | 22 |
| Table 12 | Number of animal bites reported in Regina by age group, 1988 | 24 |
| Table 13 | Reported animal bites, 1988 | 25 |
| Table 14 | Complaints received, 1988 | 25 |
| Table 15 | Nutrition statistics, 1987-88 | 29 |
| Table 16 | Prenatal series and classes, 1987-88 | 30 |
| Table 17 | Births to mothers, age 12 to 20, 1988 | 31 |
| Table 18 | Classroom instruction, 1987-88 | 32 |
| Table 19 | Health talks to the community, 1987-88 | 36 |
| Table 20 | Community health worker services, 1987-88 | 38 |
| Table 21 | Attendance at child health clinics | 39 |
| Table 22 | Number of preschool children screened for vision and hearing, 1987-88 | 39 |
| Table 23 | Home visits regarding infants and preschoolers 1987-88 | 40 |
| Table 24 | School health services, 1987-88 | 41 |
| Table 25 | Paediatric examinations and referrals, 1988 | 43 |
| Table 26 | Expenditures by major programs, 1987-88 | 50 |
| Figure 1 | Regina births and deaths, 1921 to 1988 | 9 |
| Figure 2 | Regina population by certain age groups, 1978 and 1988 | 10 |
| Figure 3 | Infant mortality, Regina, 1921 to 1988 | 12 |
| Figure 4 | Quit for Good programs, 1984 to 1988 | 33 |

# Report of the Medical Health Officer

**Dr. P. A. Hutchison**
**Medical Health Officer**

Preparation of an annual report provides an opportunity to review the highlights of the past year. In the case of the Regina Health Department, a number of events and developments come to mind.

**City Reorganization**

Reorganization of City departments begun in 1987 has continued throughout 1988. This has resulted in the Health Department becoming a member department of the Community and Social Services Directorate along with the Fire, Transit and Community Services Parks and Recreation departments. Thus the department Administration has become more integrated with the City matrix, although the overall internal organization of the Health Department has been only minimally affected.

**Audit**

During 1986, City Council passed a motion that each City department would undergo a comprehensive audit during the next five years. The Health Department was one of those chosen in 1987.

The Coopers & Lybrand Consulting Group completed the Health Department audit early in 1988 and the report was made public in June. The audit found the department to be operating effectively and efficiently. The department was found to operate at the lowest per capita budget of any of the major western cities. It was concluded that a professional and committed staff is dedicated to the delivery of quality preventive health services to the City of Regina.

Recommendations included increased involvement of the Community Services Committee (Board of Health) vis-a-vis department activities, succession planning because of impending retirements of senior personnel in the next four to eight years and reports better focused to assist elected officials in policy decisions related to the department.

**Health Grant**

In recent years, funding for Regina Health Department public health services was provided by the City (75%) and the province (25%). Because of the inequity compared to funding of rural preventive health services and the problems of urban populations, negotiations to increase provincial funding had taken place over many years. Regina and Saskatoon had reached a tentative agreement in 1985, which was not implemented at that time. However, early in 1988, the province provided additional Health Grant funding (retroactive to 1987) for public health services in both Regina and Saskatoon. This has allowed for updating and acquisition of equipment and health promotion materials. Council also approved two permanent positions of health educator and public health nurse consultant. Unfortunately, a city-wide hiring freeze did not allow the department to fill those positions during 1988. They will be filled during 1989. The funding has allowed the department to begin to improve efforts in health education and promotion related to heart health, child hunger, AIDS, as well as plans to evaluate programs and develop databases useful in needs assessment. Health Grant funds not spent in a current year, will be placed in a special public health reserve fund.

**Budget**

The negotiated City and Provincial share of health department funding in 1988 came to $3,148,100. This total includes the increased funding from the Provincial Health Grant received in 1988 but covering the years 1987 and 1988. Hence, the money spent on operating the department during 1988 was actually $2,870,700, which represents 3.6% increase over 1987 and which is a per capita of $15.87. The surplus has been placed in a special Health Grant fund.

**Western Medical Health Officers Meeting, March 24 - 25, 1988**

*Medical Health Officers from the seven major Western cities meet annually.*

Since 1975, the Medical Health Officers of the seven major western cities in B.C., Alberta, Saskatchewan and Manitoba have had the objective to meet annually in order to discuss matters of common interest and concern. On March 24 and 25 Regina hosted this meeting. Discussions included matters related to AIDS and the Healthy Communities concept. Three resolutions were passed which resulted in letters to the Minister of Health asking for regulations for suntanning parlours, better coordination of food and hazardous products recalls and better coordination of efforts to deal with AIDS in Canada.

**Immunization**

Pertussis

Special efforts have been made to ensure that parents continue to have their children immunized at the required times in infancy and throughout childhood. This has been encouraged through personal, group and media contacts. This was particularly important since there have been 17 cases of pertussis (whooping cough) in 1988 in unimmunized or underimmunized infants and children. A similar situation has also been present in Saskatchewan in general.

Haemophilus b Meningitis Vaccine

As part of a province-wide program, the conjugated Haemophilus b meningitis vaccine was added to the department's childhood immunization program on June 1, 1988. It is being provided to 18 to 24 month olds at the time of the fourth DPT. Nine hundred and ninety-three doses were administered.

Influenza Vaccine

Again in 1988 the province made Influenza vaccine containing the current A and B strains available for people with certain medical conditions and for those in nursing homes. The Regina Health Department provided 2,524 doses of vaccine to physicians and nursing homes.

**Communicable Disease Control**

Highlights which are detailed elsewhere in the report include an outbreak of E. coli 0:157 gastroenteritis in a nursing home in July, the appearance of Influenza A Taiwan in December, and an increased incidence of viral meningitis during the summer. In addition there were reports of increased numbers of E. coli 0:157 diarrhoea in the community (unrelated to the nursing home).

**STD/AIDS**

Again in 1988, the reported number of cases of gonorrhea is down with chlamydia infections remaining essentially unchanged. AIDS disease was made reportable in August of 1984 and since that time 10 cases have been reported to the department with none reported during 1988. However, HIV infection alone (without symptoms) also became reportable in 1988 and six cases were reported. This does not provide a true picture since positive tests prior to February, 1988 were not reported to the department.

AIDS Education Program

The department has been involved in a number of activities regarding AIDS prevention and control. A highlight is that during 1988, staff made 165 presentations to 6,034 individuals in Regina. An information mailout to Regina homes was included in the May water bill. The department established an AIDS Coordination Advisory Committee late in 1987, and through it, has fostered cooperation and coordination. It actively supported an AIDS Awareness Week in November. It also supported and participated in the AIDS in the Workplace Seminar sponsored by Saskatchewan Health on November 20 and 21.

**Special Project**

In December, the department commenced to provide the services of one of our nutritionists to the Food for Learning project on a part-time basis. This project encompasses a feeding and education program for a number of children who are coming to school hungry.

**Health Education**

All staff have been involved in providing information and talks on a wide variety of subjects to a wide range of citizens.

The staff prepared and/or participated in a number of displays. Examples are National Non-Smoking Week in January, nutrition displays in March, a water safety display, a display at the very successful Seniors' Showcase and a native puppet show featuring nutrition at the University of Regina's "Celebrating Young Children" conference. The public health inspectors taught 22 food handlers courses and three swimming pool operators courses.

**Media Contacts**

The Health Department in its ongoing role of health education and health promotion has considerable contact with the media. Health related issues and events often necessitate that the media and the public be kept informed. For example, the issue of lead in Regina's water and subsequent testing confirming no health hazard here, the evolution of the E. coli 0:157 food poisoning outbreak and the mishap at the pumping station necessitating a precautionary boil water advisory on January 15, 1988.

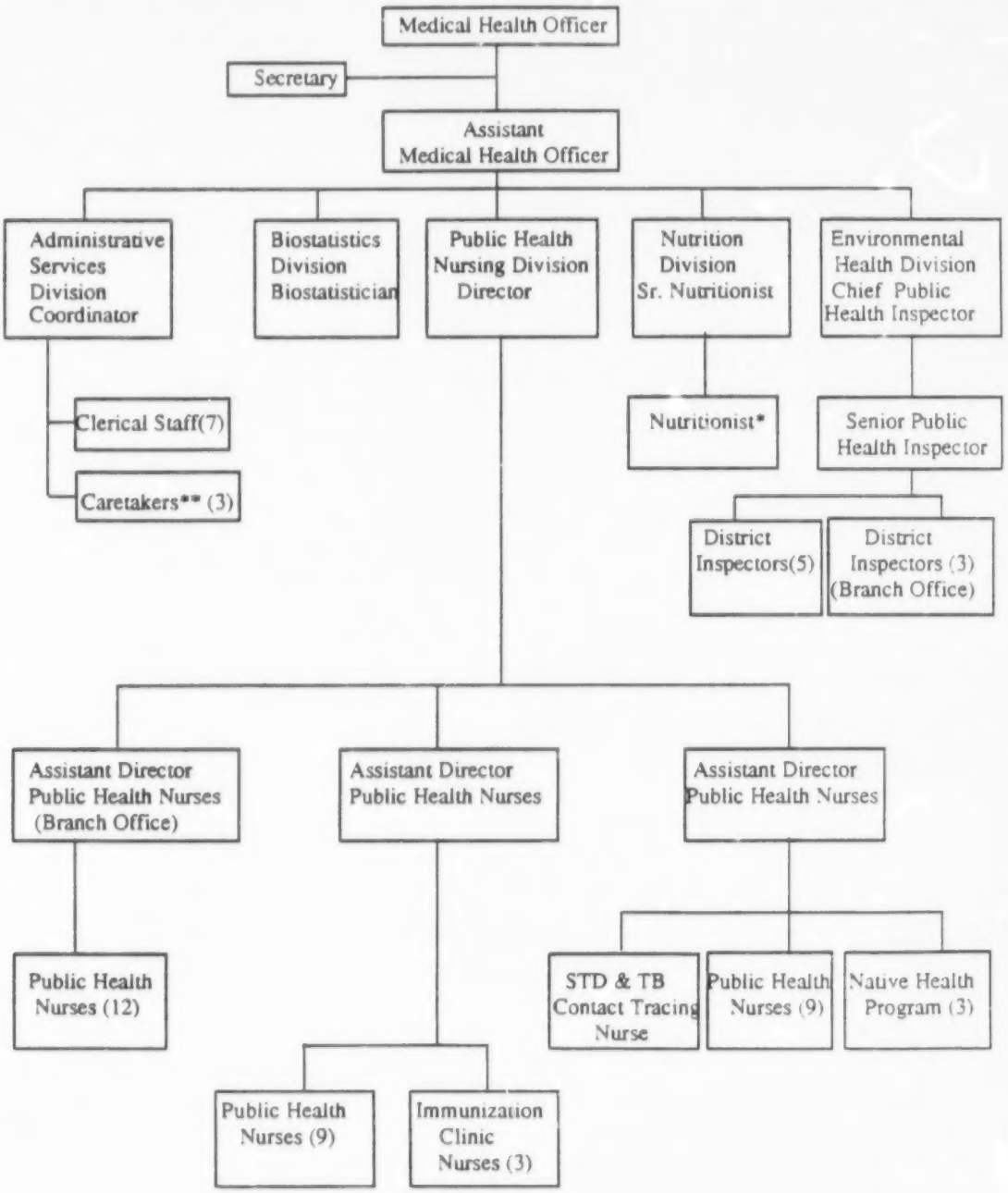
Senior staff also have contacts with the media on an ongoing basis in order to get the message of preventive health across as well as to answer media inquiries. Of special note was the weekly appearance of Health Department staff during May, June, September and October on Tuesday's STV "Good Company" show.

We lost two valued division heads (nursing and nutrition) due to resignation and relocation in August. The department has been fortunate in being able to replace them with top-notch people and thus has managed to function effectively during 1988. In so doing one must recognize a competent and enthusiastic staff. I also wish to thank the City Council and the City Administration as well as the community and media for their support during 1988.

Respectfully submitted,

P. A. Hutchison, M.D.,F.R.C.P.(C)
Medical Health Officer

# Organization Chart - Health Department




*Permanent position changed to casual in 1987.
**Facilities Department staff assigned to the Health Department.

## Mission of The Health Department

The purpose of the Regina Health Department is to prevent and control disease, and to protect, promote and improve the health of Regina citizens by utilizing a coordinated community approach.

### Goals

1. Communicable Disease Control
   - To prevent incidence of communicable disease in as far as possible through health education.
   - To provide a universal and accessible immunization program.
   - To apply appropriate legislation in identification, follow-up and prevention of the spread of reportable communicable disease.

2. Environmental Health Control
   - To ensure that public health standards are maintained in the community relative to food, water, human waste, housing, air, surrounding environment, pest control, safety and personal services through application of legislation and planned programs.
   - To prevent the incidence of disease through education and planned programs.

3. Health Education/Promotion
   - To develop and offer information, programs and services which are accessible, understandable, reliable and which will encourage good health.

4. Coordination/Liaison
   - To assure and foster a coordinated approach between the Health Department and various professionals and community and governmental agencies regarding investigation, application of legislation, programing and referrals.

5. Research/Evaluation/Monitoring
   - To assure communicable disease and vital statistics are accurately recorded, compiled, monitored and analyzed.
   - To identify public health needs in the community.
   - To assure appropriate programs and reports through use of departmental resources and by cooperation with other departments within the directorate and corporation.
   - To apply efficient management practices including computerization within the department's operation.

6. Counselling/Support
   - To provide counselling and support for individuals and groups with health problems and concerns.

7. Application of Legislation
   - To assure consistent, appropriate and coordinated application of relevant legislation.
   - To participate in developing and updating legislation.

8. Advocacy
   - To identify major health issues, gaps in service and funding requirements and to bring these to the attention of Council, the public, or other relevant persons or agencies.

9. Community Involvement
   - To foster input and involvement of the general public in provision and evaluation of our programs and services.
   - To encourage volunteers for programs where appropriate.

10. Staff Development
    - To assure the members of staff have the opportunity to maintain a current and updated knowledge of their particular area of expertise.

# 1. Overview

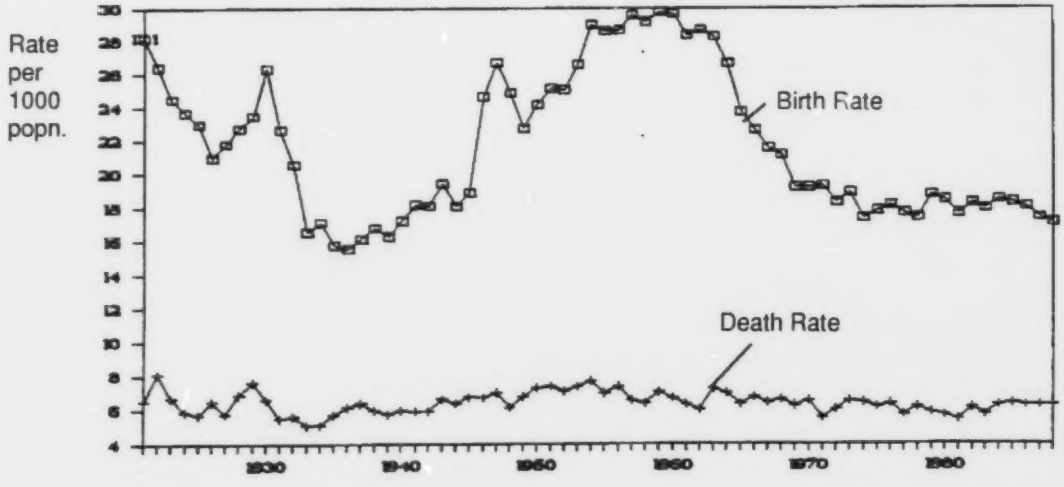
The estimated population of the City of Regina on June 30, 1988 was 179,400.[1] This represents an increase of 0.5% over the 1987 population. Regina's population has increased approximately 1 to 2 percent each year over the last 67 years. Birth and death rates have become somewhat stabilized (see Figure 1).

**Table 1. Health Statistics Summary, Regina, 1984 to 1988**

| | | 1988 | 1987 | 1986 | 1985 | 1984 |
|---|---|---|---|---|---|---|
| Population | | 179,400 | 178,520 | 176,231 | 175,159 | 172,340 |
| Live Births | -number | 3,072 | 3,114 | 3,179 | 3,205 | 3,185 |
| | -rate[2] | 17.1 | 17.4 | 18.0 | 18.3 | 18.5 |
| Deaths | -number | 1,177 | 1,127 | 1,103 | 1,117 | 1079 |
| | -rate[2] | 6.6 | 6.3 | 6.3 | 6.4 | 6.3 |
| Natural Increase | -number | 1,895 | 1,987 | 2,076 | 2,088 | 2,106 |
| | -rate[2] | 10.6 | 11.1 | 11.8 | 11.9 | 12.2 |
| Infant Mortality[5] | -number | 33 | 31 | 35 | 33 | 35 |
| | -rate[3] | 10.7 | 10.0 | 11.0 | 10.3 | 11.0 |
| Neonatal Mortality[6] | -number | 20 | 17 | 19 | 23 | 23 |
| | -rate[3] | 6.5 | 5.5 | 6.0 | 7.2 | 7.2 |
| Perinatal Mortality[7] | -number | 33 | 29 | 31 | 27 | 38 |
| | -rate[4] | 10.7 | 9.3 | 9.7 | 8.4 | 11.9 |
| Stillbirths | -number | 16 | 20 | 16 | 10 | 20 |
| | -rate[3] | 5.2 | 6.4 | 5.0 | 3.1 | 6.3 |

[1] S.H.S.P. Covered population
[2] per 1000 population
[3] per 1000 live births
[4] per 1000 live births and stillbirths
[5] Deaths of infants less than one year of age
[6] Deaths of infants less than one month of age
[7] Deaths of infants less than one week of age plus stillbirths

**Figure 1. Regina births and deaths, 1921 to 1988**



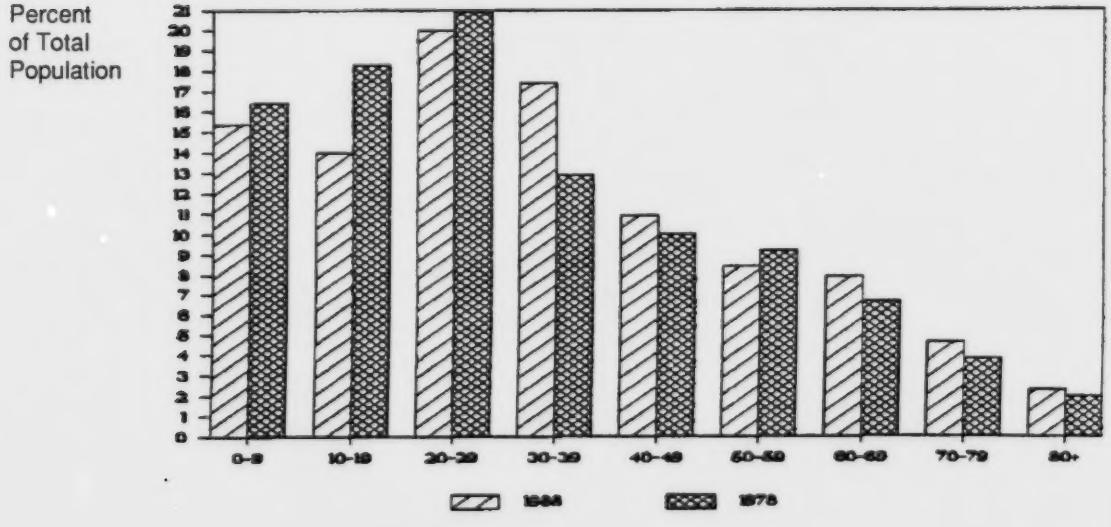
# 2. Population

The population of Regina by age groups and sex is reported in Table 2. Figure 2 indicates the changes that have occurred in certain age groups since 1978. Population projections indicate that the proportion of seniors will continue to increase.

**Table 2. Population of Regina by age group and sex, 1988**

| Age Group | Population Male | Female | Total | Percent Male | Female | Total |
|---|---|---|---|---|---|---|
| Under 1 | 1344 | 1190 | 2534 | 0.7 | 0.7 | 1.4 |
| 1-4 | 5936 | 5684 | 11620 | 3.3 | 3.2 | 6.5 |
| 5-9 | 6920 | 6520 | 13440 | 3.9 | 3.6 | 7.5 |
| 10-14 | 6167 | 5964 | 12131 | 3.4 | 3.3 | 6.8 |
| 15-19 | 6539 | 6290 | 12829 | 3.6 | 3.5 | 7.2 |
| 20-24 | 8207 | 8485 | 16692 | 4.6 | 4.7 | 9.3 |
| 25-29 | 9597 | 9510 | 19107 | 5.3 | 5.3 | 10.7 |
| 30-34 | 8880 | 8593 | 17473 | 4.9 | 4.8 | 9.7 |
| 35-39 | 6962 | 6791 | 13753 | 3.9 | 3.8 | 7.7 |
| 40-44 | 5571 | 5470 | 11041 | 3.1 | 3.0 | 6.2 |
| 45-49 | 4196 | 4285 | 8481 | 2.3 | 2.4 | 4.7 |
| 50-54 | 3844 | 3934 | 7778 | 2.1 | 2.2 | 4.3 |
| 55-59 | 3699 | 3668 | 7367 | 2.1 | 2.0 | 4.1 |
| 60-64 | 3205 | 3530 | 6735 | 1.8 | 2.0 | 3.8 |
| 65-69 | 2709 | 3419 | 6128 | 1.5 | 1.9 | 3.4 |
| 70-74 | 1914 | 2856 | 4770 | 1.1 | 1.6 | 2.7 |
| 75-79 | 1323 | 2134 | 3457 | 0.7 | 1.2 | 1.9 |
| 80-84 | 787 | 1433 | 2220 | 0.4 | 0.8 | 1.2 |
| 85-89 | 389 | 819 | 1208 | 0.2 | 0.5 | 0.7 |
| 90-94 | 133 | 338 | 471 | 0.1 | 0.2 | 0.3 |
| 95+ | 44 | 121 | 165 | 0.0 | 0.1 | 0.1 |
| Total | 88366 | 91034 | 179400 | 49.3 | 50.7 | 100.0 |

**Figure 2. Regina population by certain age groups, 1988 and 1978**



# 3. Births

Regina's birth rate has stabilized with minor fluctuations (See Figure 2). However, the percent of births to single mothers has increased to 25.6%. This means that one in every four births in Regina is to a single mother. Since 1984, the number of births to single mothers has fluctuated from a low of 745 in 1987 to a high of 804 in 1985. Ninety percent of teenage mothers are single. The number of births to single mothers has increased in the 10 to 14 year age group (1986-1; 1987-5; 1988-12) and in the 20 to 24 year age group. It has decreased in the 15 to 19 year age group (1986-284; 1987-271; 1988-257).

**Table 3. Regina births by age and marital status of mother, 1988**

| Age | Marital status | | | | Total Births | |
|---|---|---|---|---|---|---|
| | Married | Divorced | Widowed | Single | Number | Percent |
| 10-14 | 0 | 0 | 0 | 12 | 12 | 0.4 |
| 15-19 | 30 | 1 | 0 | 257 | 288 | 9.4 |
| 20-24 | 443 | 8 | 0 | 337 | 788 | 25.7 |
| 25-29 | 1018 | 10 | 2 | 133 | 1163 | 37.9 |
| 30-34 | 586 | 23 | 1 | 33 | 643 | 20.9 |
| 35-39 | 143 | 10 | 1 | 12 | 166 | 5.4 |
| 40-44 | 11 | 0 | 0 | 1 | 12 | 0.4 |
| Total | 2231 (72.6%) | 52 (1.7%) | 4 (0.1%) | 785 (25.6%) | 3072 | 100.1 |

# 4. Deaths

Table 4 lists the major causes of death as they occur in male and female populations. Over half of all deaths are due to heart disease and cancer.

**Table 4. Deaths by Major Causes and Sex, 1988**

| Major Cause of Death | Number of Deaths | | | Death Rates[1] | | |
|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total |
| Heart Disease | 189 | 167 | 356 | 213.9 | 183.4 | 198.4 |
| Malignant neoplasms | 158 | 154 | 312 | 178.8 | 169.2 | 173.9 |
| Cerebrovascular disease | 33 | 53 | 86 | 37.3 | 58.2 | 47.9 |
| Pneumonia | 28 | 28 | 56 | 31.7 | 30.8 | 31.2 |
| Accident | 15 | 15 | 30 | 17.0 | 16.5 | 16.7 |
| Diseases of the arteries | 18 | 17 | 35 | 20.4 | 18.7 | 19.5 |
| Suicide | 19 | 1 | 20 | 21.5 | 1.1 | 11.1 |
| Diabetes mellitus | 5 | 11 | 16 | 5.7 | 12.1 | 8.9 |
| Perinatal Mortality | 11 | 7 | 18 | 12.4 | 7.7 | 10.0 |
| Cirrhosis | 10 | 7 | 17 | 11.3 | 7.7 | 9.5 |
| Bronchitis, emphysema & asthma | 16 | 10 | 26 | 18.1 | 11.0 | 14.5 |
| Congenital malformation | 5 | 5 | 10 | 5.7 | 5.5 | 5.6 |
| Others | 100 | 95 | 195 | 113.2 | 104.4 | 108.7 |
| All causes | 607 | 570 | 1177 | 686.9 | 626.1 | 656.1 |

[1] per 100,000 population

Figure 3 illustrates the decrease in infant mortality rate in Regina.

**Figure 3. Infant Mortality, Regina, 1921 to 1988**

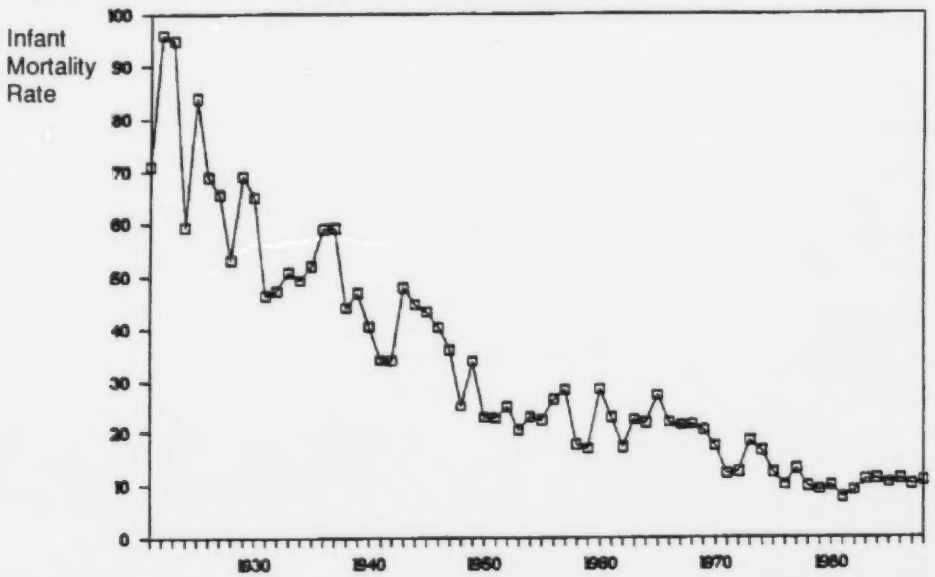



Figure 3 illustrates the fall in infant mortality rate. Infant mortality has long been considered an indicator of the health status of the population.

Table 5 reports the potential years of life lost for Regina residents. Potential years of life lost are the number of years lost due to premature death before the age of 70.

**Table 5. Potential Years of Life Lost, 1986-87, Regina [1,2]**

| Cause of Death | Male | Female | Total 1987 | Total 1986 |
|---|---|---|---|---|
| Malignant neoplasms | 850 | 750 | 1600 | 1734 |
| Accidents | 1181 | 412 | 1593 | 1586 |
| Heart disease | 880 | 153 | 1032 | 988 |
| Perinatal mortality | 695 | 278 | 973 | 1112 |
| Suicides | 580 | 260 | 840 | 558 |
| Cerebrovascular disease | 78 | 75 | 153 | 272 |
| Pneumonia | 110 | 15 | 125 | 122 |
| Other causes | 1549 | 1231 | 2779 | 2716 |
| All Causes | 5921 | 3173 | 9094 | 9087 |

[1] The number of years lost due to premature death, before the age of 70.
[2] Source: Saskatchewan Health.

Although the overall PYLL has changed very little, it has increased for suicide and heart disease, and has decreased for perinatal mortality, cerebrovascular disease and malignant neoplasms compared to 1986 figures.

# 5. Comparative Statistics

Comparison statistics are available for 1987. In order to facilitate comparisons, populations may be 'standardized' or made similar in age and sex distribution.

Table 6 reports selected mortality statistics for the province, health regions and the cities of Regina and Saskatoon. Life expectancy is the average age at death of a cohort born today, if the present mortality rate continued. The death rate is the number of deaths per 100,000 population. The death rates have been standardized such that they are those which would be experienced by the area if it had the age/sex distribution of a standard population, in this case, the 1976 Canadian population. PYLL is the 'Potential Years of Life Lost' and represents the number of years lost due to premature death (before the age of 70). The rate is the PYLL before 70, per 1,000 population aged less than 70. The PYLL rate has similarly been adjusted for the age/sex composition of the population less than 70.

**Table 6. Selected Mortality Statistics: Saskatchewan, Health Regions and Cities of Regina and Saskatoon, 1987[1]**

| Health Region | Life Expectancy[2] | | | Standardized Death Rate[3] | | | Standardized PYLL Rate[4] | | |
|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| City of Regina | 74.3 | 80.4 | 77.4 | 613 | 466 | 533 | 69.4 | 37.2 | 53.4 |
| City of Saskatoon | 73.5 | 80.0 | 76.8 | 659 | 482 | 564 | 74.2 | 43.1 | 58.6 |
| Swift Current Health Region | 73.4 | 81.5 | 77.2 | 667 | 414 | 547 | 69.4 | 31.2 | 50.8 |
| Moose Jaw/Assiniboia/Gravelbourg Health Region | 74.4 | 81.0 | 77.6 | 596 | 439 | 520 | 71.9 | 34.0 | 52.9 |
| Weyburn/Estevan Health Region | 73.3 | 79.7 | 76.3 | 638 | 502 | 577 | 87.4 | 41.5 | 65.3 |
| Regina Rural Health Region | 75.6 | 82.4 | 78.8 | 563 | 404 | 492 | 61.3 | 22.5 | 42.5 |
| Rosetown/Biggar/Kindersley Health Region | 77.3 | 81.1 | 79.1 | 474 | 455 | 468 | 49.0 | 34.8 | 41.9 |
| Saskatoon Rural Health Region | 77.4 | 82.0 | 79.6 | 460 | 370 | 423 | 52.0 | 30.5 | 41.5 |
| Yorkton/Melville Health Region | 75.4 | 80.3 | 77.7 | 582 | 485 | 540 | 54.2 | 35.3 | 45.1 |
| Melfort/Tisdale Health Region | 74.2 | 80.5 | 77.2 | 605 | 489 | 553 | 71.4 | 31.7 | 52.4 |
| Prince Albert Health Region | 73.3 | 79.9 | 76.5 | 646 | 486 | 571 | 82.5 | 37.0 | 60.2 |
| North Battleford Health Region | 72.9 | 78.5 | 75.6 | 632 | 544 | 594 | 86.6 | 48.8 | 68.3 |
| Northern Saskatchewan | 67.6 | 71.5 | 69.3 | 966 | 777 | 905 | 126.3 | 99.4 | 112.8 |
| Total for Saskatchewan | 74.2 | 80.2 | 77.1 | 611 | 475 | 547 | 72.5 | 38.6 | 55.8 |

[1]Source: Saskatchewan Health
[2]The average age at death of a cohort born today if the present mortality rate continued.
[3]The death rate the region would experience if it had the age/sex distribution of a standard population, the 1976 Canadian population.
[4]Potential Years of Life Lost - the number of years lost due to premature death (before the age of 70).

# Communicable Disease Control

Prevention of communicable disease through immunization and control remain a basic concern of the department.

## Immunization

The department provides a number of immunization agents through routine childhood and special immunization programs.

The routine **childhood program** provides immunization to infants and children against the seven diseases - diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, Rubella (German measles). In June, the program was expanded to include vaccination against Haemophilus b disease, a major cause of meningitis in children. This vaccine was well received; 993 doses were administered from June to December. Routine immunization is provided on a voluntary basis at clinics held at the department's offices, in Regina schools, and at numerous child health clinics throughout the city.

*An ounce of prevention...*

**Special immunizations** are provided to individuals or groups who are at particular risk. These include hepatitis B vaccine to infants born to mothers with hepatitis B infection; immune globulin to household and close contacts of individuals with hepatitis A; rabies vaccine to individuals with potential occupational exposure to rabies and those who have received rabies prone animal bites; and a variety of vaccines to international travellers.

The Health Department continues to be the designated yellow fever vaccination centre for southern Saskatchewan with 165 doses being administered in 1988. In all, 1,399 immunization procedures were administered to international travelers.

In 1988, 39,143 immunization procedures were administered to 22,379 individuals.

**Table 7. Immunization Procedures, Regina, 1988**

| | Number of Individuals | Number of Procedures |
|---|---|---|
| Infants | 7,585 | 14,744 |
| Preschool | 8,517 | 14,637 |
| School | 4,654 | 8,092 |
| Adults | 1,623 | 1,670 |
| Total | 22,379 | 39,143 |

# Communicable Disease

The department monitors the occurrence of disease, identifies patterns and risks associated with the disease and investigates outbreaks.

The major communicable disease event was an outbreak of E.coli 0:157 diarrhea in a chronic care facility. Between July 13 and August 6, 86 people (63 residents and 23 staff) became ill. E.coli 0:157 was isolated from the stools of 40 persons (39 residents and one staff). All food samples and environmental samples collected during the investigation tested negative. The most likely source of infection was undercooked meatloaf served on July 12. Eighteen residents and one staff member were hospitalized. Two residents died. However, infection was thought to have been contributory in only one death.

Illness unrelated to food occurred in several health care facilities. Early in the year respiratory illness appeared among residents in a nursing home. Influenza B was isolated from one resident and was the most likely cause of the outbreak. In the fall, separate incidents of mild vomiting and diarrhea occurred in four health care facilities (three nursing homes and one surgical ward at an accute care hospital). Residents, patients and staff were affected. No bacterial or viral agent was identified. However, the clinical picture suggested viral infection and the epidemic curve was consistent with person-to-person spread. All necessary measures were taken to contain the outbreaks.

Considerable communicable disease activity appeared in child care facilities, such as day care centres. Ten (five licensed, five private) required surveillance because of isolated cases of infectious disease. These included giardiasis (6), salmonellosis (2), meningococcol disease (1), pertussis (1). An additional outbreak of pediculosis occurred in a daycare centre.

The vaccine-preventable diseases except for pertussis (whooping cough) showed a continued low incidence or satisfactory decline. No cases of diphtheria, tetanus, polio, measles or rubella were reported and mumps cases remained essentially unchanged from 1987. Pertussis, however, increased from three in 1987 to 17 in 1988. Nine of these occurred in children who were unimmunized, the remaining eight

in children incompletely immunized. Ages ranged from three weeks to six years with seven children being less than one year of age. No deaths or severe complications were reported, however. Special efforts were made during the year to encourage parents to continue immunization for Pertussis at the required times in infancy and throughout childhood.

The most frequently reported single disease during 1988 was chickenpox. Nine hundred and nineteen cases were reported, a slight decrease from the 1107 in 1987. This viral infection is a common, generally mild but highly contagious disease of childhood. Over 90% of the population contract the disease by late adolesence. No vaccine program is currently available.

Of the reportable infections causing diarrhea, giardiasis, a parasitic disease, was the most common. There were 147 cases, a slight increase over the 131 reported in 1987. Twenty-three, however, were acquired during out of city travel and an additional 30 had no symptoms; these were identified through investigation of symptomatic contacts. The bacterial infections due to Salmonella and Shigella were less commonly reported than in previous years but E.coli 0:157 showed an increase. There were 28 cases in the community in addition to the outbreak in the nursing home, compared to 14 reported in 1987. A number of these (6) were acquired during travel out of the city. Increase in E.coli 0:157 infection has been reported throughout Canada.

No cases of Western Equine Encephalitis were reported in 1988 but the incidence of other viral meningitis/encephalitis infections increased from two in 1987 to 20 in 1988.

Chlamydia infection remains the most common of the sexually transmitted diseases. The reported number of cases remained essentially unchanged (828 in 1988, 810 in 1987).

AIDS, Acquired Immune Difficiency Syndrome, became reportable in August, 1984. Since then, 10 cases have been reported in Regina. Six of the ten cases have died. There were no cases of AIDS reported in Regina in 1988. However, HIV infection (without symptoms) became reportable in February, and since then, six cases have been reported.

Five tuberculosis cases were reported to the department. A total of 35 contacts were located and examined by the TB clinic or physician. A further 119 persons, including review clients and new immigrants were notified of their need for examination. Of these 66 were examined.

**Investigation of Communicable Disease**

Investigation, education and follow-up related to communicable diseases were done by public health nurses. This included phone calls, home visits, and school and day care screening.

**Table 8. Communicable Disease Cases Reported in Regina, 1987-88**

| | 1988 | | 1987 | |
|---|---|---|---|---|
| | Number | Rate[1] | Number | Rate[1] |
| Amoebiasis | 4 | 2.2 | 6 | 3.4 |
| Campylobacteriosis | 49 | 27.3 | 113 | 63.3 |
| Chicken pox | 919 | 512.3 | 1107 | 620.1 |
| Diphtheria-Cases | 0 | 0.0 | 0 | 0.0 |
| Diphtheria-Carriers | 0 | 0.0 | 0 | 0.0 |
| E.coli Gastroenteritis (predominantly 0:157) | 68 | 37.9 | 14 | 7.8 |
| Gastroenteritis | 210 | 117.1 | 327 | 183.2 |
| Giardiasis | 149 | 83.1 | 131 | 73.4 |
| Haemophilus influenzae-type b (not meningitis) | 7 | 3.9 | 0 | 0.0 |
| Hepatitis A | 12 | 6.7 | 24 | 13.4 |
| Hepatitis A Clinical | 0 | 0.0 | 3 | 1.7 |
| Hepatitis B | 15 | 8.4 | 36 | 20.2 |
| Hepatitis B Carrier | 32 | 17.8 | 35 | 19.6 |
| Hepatitis-non A non B | 0 | 0.0 | 0 | 0.0 |
| Hepatitis-non A non B Carrier | 0 | 0.0 | 0 | 0.0 |
| Hepatitis-Unspecified | 0 | 0.0 | 0 | 0.0 |
| Influenza-Type A | 9 | 5.0 | 0 | 0.0 |
| Influenza-Type B | 2 | 1.1 | 0 | 0.0 |
| Legionellosis | 0 | 0.0 | 0 | 0.0 |
| Malaria | 3 | 1.7 | 0 | 0.0 |
| Measles | 0 | 0.0 | 6 | 3.4 |
| Measles Clinical | 0 | 0.0 | 5 | 2.8 |
| Meningitis (Bacterial) | 2 | 1.1 | 5 | 2.8 |
| Meningococcus | 0 | 0.0 | 1 | 0.6 |
| Haemophilus | 2 | 1.1 | 2 | 1.1 |
| Pneumococcus | 0 | 0.0 | 0 | 0.0 |
| Other | 0 | 0.0 | 2 | 1.1 |
| Meningococcal disease (not meningitis) | 3 | 1.7 | 0 | 0.0 |
| Mumps | 5 | 2.8 | 7 | 3.9 |
| Parasitic Skin Disease | 668 | 372.4 | 517 | 289.6 |
| Other Parasitic Diseases | 0 | 0.0 | 0 | 0.0 |
| Paratyphoid | 0 | 0.0 | 0 | 0.0 |
| Pertussis (Whooping Cough) | 17 | 9.5 | 3 | 1.7 |
| Polio | 0 | 0.0 | 0 | 0.0 |
| Psittacosis | 0 | 0.0 | 1 | 0.6 |
| Rubella | 0 | 0.0 | 0 | 0.0 |
| Rubella Clinical | 0 | 0.0 | 4 | 2.2 |
| Salmonellosis | 71 | 39.6 | 127 | 71.1 |
| Sexually Transmitted Disease: | | | | |
| -Gonococcal | 230 | 128.2 | 338 | 189.3 |
| -Ophthalmia Neonatorum | 0 | 0.0 | 0 | 0.0 |
| -Syphilis | 2 | 1.1 | 0 | 0.0 |
| -Herpes genitalis | 57 | 31.8 | 56 | 31.4 |
| -Chlamydial infection | 828 | 461.5 | 889 | 498.0 |
| -Urethritis unspecified | 10 | 5.6 | 7 | 3.9 |
| -AIDS | 0 | 0.0 | 3 | 1.7 |
| -HIV infection | 6 | 3.3 | n/a | n/a |
| -Other | 3 | 1.7 | 0 | 0.0 |
| Shigellosis (Bacillary Dysentery) | 8 | 4.5 | 23 | 12.9 |
| Tuberculosis-Respiratory | 5 | 2.8 | 11 | 6.2 |
| -Other | 1 | 0.6 | 4 | 2.2 |
| Typhoid | 0 | 0.0 | 0 | 0.0 |
| Viral Meningitis-Encephalitis | 20 | 11.1 | 2 | 1.1 |
| Western Equine Encephalitis | 0 | 0.0 | 0 | 0.0 |
| Yersiniosis | 3 | 1.7 | 3 | 1.7 |

1 Per 100,000 population

**Table 9. Communicable Disease[1] Investigation, 1987-88**

| | 1988 | 1987 |
|---|---|---|
| Home visits | 719 | 1,204 |
| Children screened: | | |
| -day care/nursery schools | 1,558 | 816 |
| -schools | 11,111 | 9,134 |

[1] Excluding S.T.D.

### Rheumatic Fever Program

Patients with rheumatic fever who are registered with this program receive free of charge (through a provincially funded program) penicillin or sulphadiazine to prevent recurrent infection. The number of individuals on this program is steadily decreasing. This reflects the unexplained decrease of this disease over the past 15 years or so. Some recent resurgence in incidence in the U.S.A. has not occurred here. In 1988, three patients were admitted and 19 were discharged for a decrease of 16.

**Table 10. Rheumatic Fever Program, Regina, 1986-88**

| | Number of Clients |
|---|---|
| 1988 | 16 |
| 1987 | 25 |
| 1986 | 32 |

# Environmental Health Control

# Food Control

Control and monitoring of food handling establishments such as restaurants, grocery stores, bakeries, butcher shops and food warehouses is a priority of the department. Monitoring of these establishments provides citizens with protection from unsafe and unwholesome food and thus plays an important part in communicable disease control.

With the growth of the city, more food handling establishments have opened thus increasing the need for inspection and education. Questions and complaints from the public primarily relate to suspected food poisoning and food safety.

Public eating establishments are licensed and graded by the health department. In 1988, 496 restaurants were in operation and nine of these required written orders about deficiencies. Two were down-graded. 352 Temporary Food Permits were issued.

Methods of handling and displaying bulk food items are an important concern. 518 inspections were made to grocery stores, meat markets, confectionaries, bakeries and food warehouses.

Increased efforts have been made to upgrade all food handling establishments through the use of educational materials and a food handling course developed by the department.

*Wayne Button, Public Health Inspector, helps to ensure safe food in Regina restaurants.*

# Water Sampling

The department routinely tests Regina water to ensure its safety. Twice weekly, samples are collected from the distribution system and bacterial analysis is done. In 1988, 1,761 samples were taken. In addition, field tests are done to ensure safe and adequate levels of chlorine. Tests are also done for pH, temperature and turbidity.

In early January a mishap at one of the Pumping Stations resulted in a loss of pressure in the water distribution system and due to the possibility of water contamination, a Boil Water Advisory was issued which continued for three and a half days. Inspectors were involved in monitoring the system which resulted in 158 special water samples submitted to the lab.

In the late summer, numerous complaints about odour and taste were received from the public. Following installation of the carbon filtration system, problems of odour and taste were diminished.

A special Lead Survey of our drinking water was done in December. No problem was found. Lead readings were well below the Canadian Standards.

# Housing and Community Environment (Property)

Poor housing and lack of proper maintenance continue to be a great concern to the department. A total of l,554 housing and property inspections were made, resulting in 49 premises being placarded as unfit for human occupation under the Public Health Act. Efforts are being made to control slum dwellings. Nineteen premises which had been placarded were demolished and 30 placarded dwellings were repaired. It is interesting to note that in 1988 more placarded houses were repaired than demolished. Only two non-modern dwellings still remain in the city.

**Table 11. Placarded Dwelling Units, 1988**

| Months | Demolished | Repaired | Total |
|---|---|---|---|
| January-April | 7 | 8 | 15 |
| May-August | 14 | 2 | 16 |
| September-December | 9 | 9 | 18 |
| Total | 30 | 19 | 49 |

It was necessary to utilize section 29 of the Public Health Act and sections 124, 130 and 132 of the Urban Municipality Act. These sections involve demolishing old housing or buildings, removing wrecked vehicles, removing refuse and cleaning up properties. Actions taken under this legislation have certainly resulted in improvements in the control of unsatisfactory conditions in the city. The general public and community service groups continue to maintain pressure for better controls on housing and property maintenance.

Continued demands are also made for inspections and reports on institutions such as special care homes, schools, group homes, boarding care homes and day care centres. Due to growing public interest in recreation and sports, efforts have once again been put into maintaining and improving sanitary and safety standards in all public playgrounds, parks, rinks and swimming pools.

Paddling pools were again refused permits. This resulted in five of the seven pools being converted into spray pools. The remaining two paddling pools were closed to the public until proper changes are made.

## Other Inspections

Regular inspections and control measures have been carried out in other areas such as offices, barber shops, beauty parlours, malls, arcades, pool rooms, clubs and other public facilities. Newly established facilities are reviewed by inspectors in the field.

## Carbon Monoxide Monitoring

Frequent carbon monoxide monitoring continued in City arenas during the fall and winter months. Tests were taken for levels of carbon monoxide at various times of the day in each facility. Continuous readout equipment has proved very valuable in this monitoring. Very few problems are now noted due to the conversion of all ice equipment to propane and also to having this equipment properly tuned. A number of spot checks have been done in homes where carbon monoxide was a possible concern. Some carbon monoxide problems have also been dealt with in underground parkades.

*Lorne Morgan, Public Health Inspector, monitors air quality in the Murray Balfour arena.*

## Bylaw Respecting Smoking in Public Places

Administration of this bylaw involves monitoring of signage in public places as well as dealing with complaints from the public. Four hundred and thirteen inspections were made and 313 signs distributed.

# Rodent and Pest Control Program

This ongoing program deals with a number of pests such as rabbits, pigeons, rats and skunks. In 1988 the contract for rodent and pest control in public areas was taken over by the Community Services and Parks Department. The Health Department continued to deal with pest control problems on private properties. The public health inspectors dealt with 159 rodent and pest problems.

This year has once again been a very bad year for gopher problems. Insect problems continue to be a concern. Cockroaches are on the increase, bedbugs continue to be a problem, and sawtooth grain beetles and meal moths are also common. Inspectors attended to 85 insect infestations.

# Animal Control

Fourteen percent of complaints received are directly related to the keeping of dogs. These include yards not being kept clean; kennels too close to neighbours' property; barking and the number of dogs on a property. The Animal Control bylaw has been amended, particularly sections dealing with the location and cleaning of kennels. Enforcement of the bylaw has helped in dealing with some of the problems. One hundred and twelve actions were taken under the Animal Control Bylaw.

**Table 12. Number of Animal Bites Reported in Regina by Age Group, 1988**

| Age Group | Jan-Apr | May-Aug | Sept-Dec | Total | Percent |
|---|---|---|---|---|---|
| 0- 4 | 9 | 18 | 8 | 35 | 14 |
| 5-14 | 18 | 46 | 20 | 84 | 35 |
| 15-24 | 6 | 16 | 14 | 36 | 15 |
| 25-44 | 13 | 17 | 14 | 44 | 18 |
| 45-64 | 1 | 8 | 5 | 14 | 6 |
| 65+ | 3 | 5 | 3 | 11 | 4 |
| unknown | 6 | 7 | 6 | 19 | 8 |
| Total | 56 | 117 | 70 | 243 | 100 |

Dog bites continue to be a problem with 243 bites reported, a decrease of 68 over 1987. The Health of Animals Division, of the federal Department of Agriculture is also involved in follow-up and rabies control procedures.

### Table 13. Reported Animal Bites, 1988

| | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Animal not at large | 1 | 1 | 7 | 7 | 12 | 12 | 10 | 10 | 7 | 11 | 5 | 5 | 88 | 36 |
| Animal at large | 4 | 4 | 7 | 7 | 7 | 14 | 10 | 5 | 12 | 6 | 4 | 3 | 83 | 34 |
| Unknown | 4 | 3 | 4 | 7 | 8 | 16 | 8 | 5 | 6 | 3 | 4 | 4 | 72 | 30 |
| Total | 9 | 8 | 18 | 21 | 27 | 42 | 28 | 20 | 25 | 20 | 13 | 12 | 243 | 100 |
| Type of Animal | | | | | | | | | | | | | | |
| Dogs | 8 | 8 | 17 | 19 | 26 | 41 | 26 | 17 | 23 | 18 | 10 | 10 | 223 | 92 |
| Cats | 1 | 0 | 1 | 2 | 1 | 0 | 2 | 3 | 2 | 2 | 3 | 2 | 19 | 8 |
| Rats, Bats | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Skunks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 9 | 8 | 18 | 21 | 27 | 42 | 28 | 20 | 25 | 20 | 13 | 12 | 243 | 100 |

# General

A total of 1,202 complaints have been received and either investigated or referred to the proper authorities. A total of 793 verbal and 352 written notifications and orders were issued in 1988.

### Table 14. Complaints Received, 1988

| | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Housing | 20 | 10 | 11 | 23 | 23 | 18 | 23 | 20 | 28 | 17 | 11 | 15 | 219 |
| Yards/Properties | 7 | 12 | 30 | 40 | 29 | 24 | 22 | 25 | 21 | 12 | 12 | 10 | 244 |
| Yards/Animal related | 6 | 12 | 30 | 10 | 22 | 18 | 22 | 14 | 14 | 10 | 4 | 6 | 168 |
| Wild birds/Pigeons | 0 | 4 | 1 | 1 | 6 | 4 | 0 | 5 | 2 | 4 | 5 | 6 | 38 |
| Wild animals | 0 | 0 | 0 | 3 | 4 | 4 | 2 | 0 | 0 | 0 | 1 | 0 | 14 |
| Rats/Mice | 2 | 10 | 3 | 8 | 14 | 5 | 5 | 4 | 8 | 2 | 2 | 1 | 64 |
| Insects | 4 | 5 | 3 | 8 | 6 | 10 | 9 | 14 | 11 | 6 | 9 | 4 | 89 |
| Water | 8 | 2 | 2 | 1 | 5 | 8 | 4 | 4 | 2 | 2 | 2 | 6 | 46 |
| Food/Food stores | 5 | 6 | 3 | 6 | 6 | 5 | 12 | 5 | 6 | 6 | 4 | 3 | 67 |
| Public eating establishments | 5 | 2 | 2 | 4 | 4 | 5 | 4 | 5 | 5 | 0 | 0 | 2 | 38 |
| Garbage/Refuse | 2 | 5 | 0 | 2 | 8 | 14 | 8 | 10 | 5 | 4 | 8 | 5 | 71 |
| Public & Commercial buildings | 2 | 7 | 1 | 0 | 3 | 5 | 2 | 2 | 0 | 1 | 8 | 2 | 33 |
| Recreation areas | 0 | 1 | 0 | 1 | 1 | 3 | 1 | 1 | 1 | 0 | 8 | 0 | 17 |
| Air pollution | 1 | 1 | 1 | 0 | 1 | 1 | 2 | 2 | 1 | 1 | 0 | 1 | 12 |
| Institutions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 3 | 0 | 5 |
| Indoor air quality | 4 | 1 | 5 | 4 | 3 | 1 | 2 | 5 | 1 | 2 | 3 | 6 | 37 |
| Miscellaneous | 2 | 3 | 2 | 0 | 0 | 8 | 0 | 0 | 1 | 4 | 10 | 0 | 30 |
| TOTAL | 68 | 81 | 94 | 111 | 135 | 133 | 123 | 117 | 107 | 71 | 90 | 73 | 1203 |

# Health Education and Promotion

# 1. Nutrition

Good nutrition is vital in the promotion of health and the prevention of disease. Public health nutrition information and education programs can assist individuals in making wise food choices and can, therefore, improve the nutritional status of the general population.

Various methods were used during the past year to provide residents of Regina with nutrition information and education programs:

**Media**

Large numbers of people can be easily reached through the media making it the method of choice for nutrition awareness programs. Thirty-one nutrition interviews were provided to CTV, STV and the cable television stations. Interviews were also given to CBC, CKCK and CKIT radio stations. Weekly nutrition columns were published in the Leader Post and articles were submitted to the Regina Rally. Nutrition Month received wide media coverage.

**Displays**

Nutrition displays also attracted public attention. They are generally held in conjunction with other events. In 1988, nutrition displays were part of the Senior's Showcase, Festival 88, Eatons' Seniors Display and Nutrition Month.

*Senior Nutritionist, Jan Ayer with a message about preventing osteoporosis.*

**Educational Materials**

Printed materials were produced and distributed to answer daily inquiries from the general public.

Nutrition information and education programs are often directed to specific segments of the population:

**Infants and Preschool Children**

New resources were developed for parents and care givers. The HITTLINE tape regarding infant feeding was revised and an information sheet on fluoride and vitamin supplements was produced. One bulletin board display on foods which cause choking and another on snack foods were developed for child health clinics. Day care workers and nannies also received nutrition education programs. Phone-in questions regarding infant nutrition outnumbered other consumer nutrition inquiries.

**School Age Children**

School children receive nutrition services indirectly through the provision of workshops for teachers and inservice sessions for other professionals such as public health nurses and dental health educators. Direct services were also provided through classroom presentations, assistance with individual student projects, nutrition counselling and involvement in the "Eat to Compete" challenge during Nutrition Month.

*Kay Yee, Nutritionist, teaching children how to cook nutritious meals.*

Child hunger has been identified as a public health issue. In July, the Health Department applied to City Council and received permission to employ a nutritionist to assist the Food for Learning Project. Until that time, the Nutrition Division worked in an advisory capacity with this citizens' group which had been established to address the problem of child hunger.

When a nutritionist could not be found for the position, one of the present staff took on the responsibility of providing direct assistance to the project. Before action could be taken, surveys of existing meal and snack programs were completed. By year end, plans were underway to start a breakfast program. A nutrition education component specific to this population was also being developed.

**Adults**

Existing community programs are often used to reach the adult population, for example, weight control groups and the lecture series sponsored by the libraries. Nutrition education programs were also provided to fitness instructors and recreation

leaders. Nutrition is a component of the Health Department's smoking cessation program, Quit for Good.

**Seniors**

Nutrition displays were held at a number of seniors' health fairs. A program developed in conjunction with the VON was started to provide nutrition education programs to seniors living in Regina Housing Authority complexes. An inservice program was given to the peer counsellors participating in the "Seniors Helping Seniors Program".

The nutritionists function as a part of the health care team and work very closely with the public health nurses. Throughout the year, inservice sessions were provided and nutrition resource materials developed, in particular, teaching materials for prenatal classes. Also in the area of prenatal nutrition, the nutrition division provides consultation to the staff of the Healthiest Babies Possible program, a community based outreach program under the direction of the Regina Native Women's Association.

**Table 15. Nutrition Statistics, 1987-88**

| | 1988 | 1987 |
|---|---|---|
| Nutrition consultations | 1241 | 2284 |
| Therapeutic diet counselling-number | 140 | 241 |
| Group presentations-number | 67 | 117 |
| -attendance | 1956 | 2477 |
| Resources-evaluated | 55 | 31 |
| -developed | 50 | 38 |
| Media contacts-print | 61 | 60 |
| -radio | 6 | 9 |
| -television | 31 | 31 |
| Inservices | 8 | 10 |

Reduction in statistics (consultations, presentations) reflect staff reduction due to reorganization and budget cutback in 1988. The increase in resource evaluation and development expresses a change of focus to compensate for above.

# 2. Expectant Parent Programs

During the prenatal period, a healthy lifestyle and medical supervision can help to assure the best possible health for mother and baby. Increased knowledge about pregnancy, birth and infant care helps to prepare parents for the experiences and responsibilities of pregnancy and early parenting.

In 1988, Public health nurses offered 480 classes at six locations, including: The Health department central and branch offices, Plains Health Centre, Pasqua Hospital, Balfour Special Tutorial, and Martha House. Participants included 829 mothers, 612 fathers and 144 coaches.

Several formats of classes are given (see Table 16). Early Bird and Regular

series consist of six classes. A total of 68 teenage girls were able to continue their education at Balfour Special Tutorial during their pregnancy. Each girl attended an average of 10 prenatal classes while at Balfour.

Single Mothers' classes are offered at the Martha House location. These classes are less structured than regular prenatal classes. Twenty-one mothers attended these classes.

**Table 16. Prenatal Series and Classes, 1987-88**

| | 1988 | 1987 |
|---|---|---|
| Early Bird[1] "Part A" | | |
| Number of series | 15 | 19 |
| Number of classes | 30 | 38 |
| Early Bird[2] "Part B" | | |
| Number of series | 19 | 20 |
| Number of classes | 76 | 80 |
| Regular Classes [3] | | |
| Number of series | 47 | 43 |
| Number of classes | 282 | 263 |
| Refresher Classes[4] | | |
| Number of series | 8 | 11 |
| Number of classes | 24 | 33 |
| Balfour Special Tutorial[5] | | |
| Number of series | 6 | 5 |
| Number of classes | 56 | 50 |
| Martha House Classes[6] | | |
| Number of classes | | 30 |
| Adoptive Parent Classes | 1 | n/a |
| Number of classes | 3 | n/a |
| Total number of prenatal classes | 480 | 494 |
| Total female enrollment | 829 | 833 |
| -Single females | 192 | 165 |
| -Male enrollment | 612 | 662 |
| "Coach" enrollment (Male and Female) | 144 | 138 |
| Number of Regina births | 3072 | 3114 |

[1]Consists of two classes in early pregnancy.
[2]Consists of four classes in later pregnancy.
[3]Six consecutive classes for those enrolling in later pregnancy
[4]Consists of three consecutive classes for those who have previously attended prenatal classes.
[5]A specialized educational setting for pregnant teenagers who are full-time students at Balfour School.
[6]For women living at Martha House and for single women who prefer an afternoon series.

During 1988, there were 3072 births in Regina. Of these births, 27% of mothers attended Health department classes. Of these, 90% were primiparas (first pregnancies). It is especially important to reach women in their first pregnancy. A total of 744

primiparas attended the department's prenatal education program. Prenatal teaching was also given in 110 home visits, and counselling sessions in schools involving 124 students.

Births to single mothers numbered 785 or 26% of all births. Of these single women, 192 attended the department's prenatal classes and 24 were counselled in school. A total of 216 or 27.5% of all single women who gave birth in 1988 received prenatal information and counselling through our department.

Prenatal classes are also offered in Regina through other agencies (YWCA, Regina Childbirth Education Association, Community Health Clinic). A one to one outreach through the Healthiest Babies Possible program from the Regina Native Women's Association provided follow-up to these prenatal women.

Births to teenage mothers numbered 300, accounting for 10% of all Regina births. Of these births, 10% were to married teenage women. At time of delivery, ages of the mothers were as follows:

**Table 17. Births to Mothers, Age 12 to 20, 1988**

| Age | Numbers of Births |
|---|---|
| 12 | 2 |
| 13 | 3 |
| 14 | 7 |
| 15 | 8 |
| 16 | 40 |
| 17 | 62 |
| 18 | 79 |
| 19 | 99 |
| 20 | 137 |

A total of 122 or 41% of teenage girls giving birth are 17 years old or younger and of school age.

## 3. Family Planning

A formal family planning clinic is not presently offered by the department. Birth control information is offered as a part of many public health nursing programs including: prenatal classes, postnatal home visits, office and telephone counselling, Family Life classes in various schools and community group presentations.

## 4. AIDS Awareness Program

The prevention and control of AIDS is a priority in public health. Public awareness and understanding of the disease is one of the most effective means of preventing its spread. A variety of educational methods were used including 165 presentations by staff members to 6034 Regina citizens. An AIDS Awareness Week in November was actively promoted through funding and staff involvement.

Staff also helped plan the AIDS in the Workplace conference sponsored by Saskatchewan Health on November 20 and 21. The department's Regina AIDS Community Advisory Committee continues to coordinate AIDS education activities in Regina.

## 5. Health Education to Students

Public health nurses offer a wide range of health information topics to students in Regina schools. These include several general and specific areas including:

Family Life - puberty changes, birth control methods, peer pressure, fetal development, preconception health, labor and delivery, puberty and adolescence.

Communicable Disease - head lice, communicable disease, scabies, epidemiology, immunology and bacteriology, STD/AIDS.

General Health - nutrition, personal hygiene, role of the public health nurse, first aid, nursing as a career, heart health circulatory system, demonstration of ANA kit (for children with severe allergies), breast self examination.

**Table 18. Classroom Instruction, 1987-88**

| | 1988 | 1987 |
|---|---|---|
| Number of sessions | 567 | 444 |
| Number of students | 14,344 | 12,262 |

## 6. Smoking

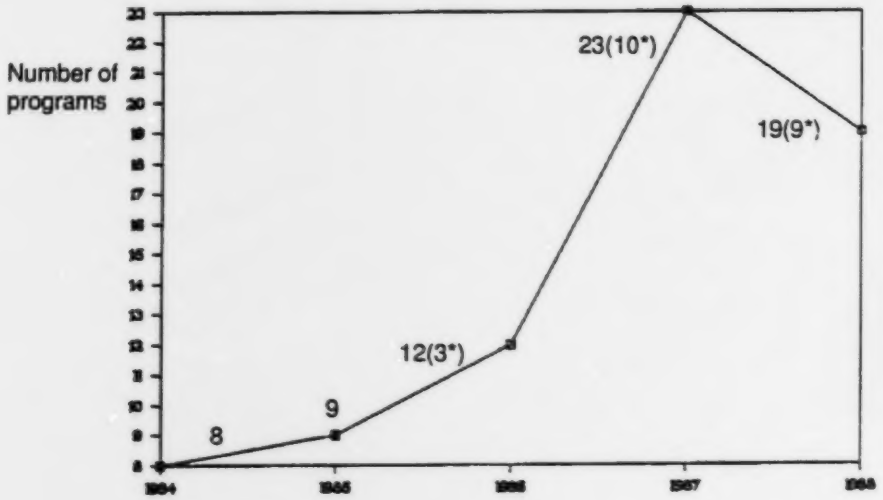
The Health department continued to strive to reduce morbidity and mortality caused by smoking. Although the percentage of smokers has decreased to 28% of the adult population, the percentage of young women who smoke has not decreased. The Health department will continue to target programs to what has been called "Canada's number one preventable health problem."

**Quit For Good**

Demand for the City's smoking cessation program remained high in 1988.

Programs were held for the general public and were also run in a number of Regina workplaces. A one day seminar was also held for employees from Legal Aid. Information is also provided to individual Regina citizens.

**Figure 4 . Quit For Good Programs, 1984 to 1988**



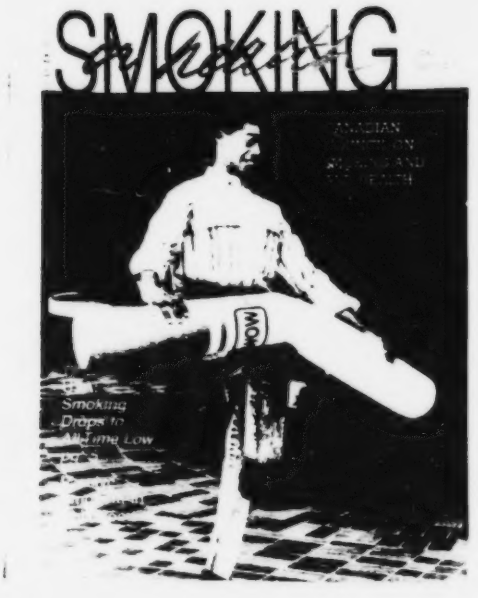

* workplace progams

*Materials about quitting smoking are given to Regina Citizens.*

**National Non-Smoking Week (January 14-20)**

The week's activities were again targeted to young women, the only group in which smoking rates have not decreased. Buttons with the message "It's fashionable not to smoke!" were distributed. A fashion show in the Cornwall Centre gained national recognition when it was featured on the cover of the Health and Welfare Canada magazine, **"Smoking Update"**.

*Regina's Non-Smoking Week gets National coverage*



HELP US
CLEAR THE AIR
We are striving for an environment which contributes to the health and comfort of everyone in the building.
PLEASE
refrain from smoking.
Thank You

Various media interviews were also done and packages of information about quitting smoking were given out to smokers who contacted the department on Weedless Wednesday.

Workplace Smoking Policies - The department continued to receive requests for assistance from Regina businesses and workplaces. Information was provided about developing and implementing a successful workplace smoking policy.

**City of Regina Workplace Smoking Policy**

This year the Smoke in the Workplace Committee continued to implement the final phases of the City's smoking policy. Phase I, City Hall, was implemented September 1, 1987; Phase II, including several major City facilities was implemented December 1, 1987. The final phase includes all other facilities and with its implementation, the City is provided with smoke free areas in all workplaces and public areas. An evaluation of the policy is planned for 1989.

## 7. Seniors' Health Fair

A well-attended Seniors' Health Fair was held in April at the Sportplex. The department had a very successful booth with the theme "An ounce of prevention is

worth a pound of cure". Information was provided regarding a variety of health concerns including: nutrition, smoking, safe use of medications and accident prevention.

## 8. Drug Awareness Week, November 14-18

The Health department cooperated with the Saskatchewan Alcohol and Drug Abuse Commission (SADAC) to promote Drug Awareness Week. Educational material was distributed and the department had a display at the Northgate Mall during the week.

## 9. Food Handling Courses

A 2.5 hour Food handling course acquaints people in the industry with proper food handling techniques thus helping prevent food-borne illnesses. The course has become very popular with Regina food handling operators. In 1988, twenty-two courses were taught to 373 persons. Those participating worked in the following: public eating establishments (20), day care centres (11), special care homes (24), clubs (4), and others (54). More courses are scheduled for next year, with the department's goal being to reach each employee and operator in the food handling industry.

## 10. Swimming Pool Operators' Course

Courses are run for operators and owners of public or semi-public pools. The purpose of the course is to acquaint participants with swimming pool regulations and safe and healthy methods of pool operation and maintenance. In 1988, three courses were held with 69 in attendance. The department's goal is to have all pools operated by a qualified operator. It is estimated that 60% of all operators and owners have taken this course.

## 11. Health Education Materials

The Health Department provides the public with informative and accurate educational materials on a variety of health topics. Updating of these materials is particularly important if they are to reflect current scientific knowledge. Materials developed concerned subjects such as: services for infants and preschool children, Salk vaccine, chickenpox, scabies, Haemophilus b disease and Haemophilus b conjugate vaccine, dealing with hot weather, choking, food budgeting, healthy snacking, fluoride and vitamin supplementation, anorexia nervosa and the health department and its services.

## 12. Health Talks

Each year a number of requests are received for staff to speak to groups on a variety of health topics. This is an efficient way of reaching the public since it allows accurate health information to be given to large groups of people. The number of sessions and attendance are reflected in the following summary:

**Table 19. Health Talks to the Community[1], 1987-88**

| | 1988 | 1987 |
|---|---|---|
| Public health nursing: number of sessions | 276 | 337 |
| number of persons | 4,656 | 5,052 |
| Nutrition: number of sessions | 117 | 110 |
| number of persons | 2,477 | 2,267 |
| Other: number of sessions | 27 | 21 |
| number of persons | 780 | 630 |
| Total: number of sessions | 420 | 285 |
| number of persons | 7,913 | 5,303 |

[1] Including talks on AIDS

Topics included: AIDS/STD, nutrition and alcohol, stress, home safety, prevention of communicable diseases in day cares, healthful living, hygiene, relationships and sexuality, first aid, child care, drug awareness, handwashing, smoking, housing, food protection and pest control.

Some of the groups addressed included: Cathedral Area Wellness Group, Directors of Day Cares, Facts of Life Line volunteers, SADAC Rehab Centre, University of Regina students, Day Care staff, Community College, Sask. Abilities Council, Core Ritchie Teen Drop-In Center, Babysitters' Course, Regina Open Door Society, Glencairn Community Association, Health Education In Action Conference, Extendicare Staff and the Mental Health Association.

# 13. Displays

Use of displays allows the department to bring current health topics directly to people in the community. Shopping malls, health fairs, conferences and schools provide opportune environments for health education. This year's topics included: National Non-Smoking Week, Seniors' health, AIDS Awareness Week, insect and rat control, nutrition, water safety displays and health department programs and services. A puppet show featuring nutrition was developed by the Native Health team and was held at the University of Regina's "Celebrating Young Children" conference.

# 14. Media

Education through the media has the obvious adavantage of reaching large numbers of the public. The goal of increasing the public's recognition and understanding of health department programs and services was facilitated by weekly staff appearances on STV's "Good Company" show during May, June, September and October.

Many senior and other staff members were involved in media interviews regarding current and ongoing health issues. Some of these included: STD/AIDS education, infant choking, CPR, child safety, accident prevention, poisonous house plants, prenatal services, risks of drugs, alcohol and smoking during pregnancy, safe cooking, pest control, food handling and housing.

# Native Health Programs

## Health Team

A health team consisting of native people with experience in working with their own people organize, co-ordinate and deliver a variety of health services to native people. The team works closely with other public health nurses, other staff at the Health department and native agencies to provide the best service possible to native families in the community.

## Staff

The program continued with the Program Co-ordinator and one registered nurse until April when a Community Health Worker was recruited to the staff. Each member of the Native Health Program has her own caseload and has continued to liaise with the native community in this city.

## Activities

**Health Education sessions** were provided to the Native Alcohol Center and the Indian/Metis Re-Entry Program. Additional teaching sessions were carried out at several city schools, Beat The Street, Youth Unlimited, Early Learning Parents' Group, Day Care Centres, Merici Center, Early Learning Center, Sask. Indian Federated College, Health Education in Action Conference, and the Urban Native Pre-Employment program of Riel Local.

An **inservice session** was presented to the staff of the Health department. The coordinator also provided orientation to various nursing students who spent time with the department. A student with the Indian Health Careers Program of the Saskatchewan Indian Federated College, University of Regina spent 10 weeks with the Native Health Program. She worked on a special research project which focused on the diabetic education needs among Indian people.

The program staff also worked closely with Healthiest Babies Possible, Wasakow Pisim, Circle Project and Early Learning Center.

*Clare McNab makes learning about health fun at the Early Learning Centre*

Visits to the homes of native families numbered 1,159. Of these, 1,087 visits were made by public health nurses and 72 by the community health worker. During the year a number of mothers visited the child health clinic located in the Native Women's Association in the North Central area. This clinic maintained an average attendance of 8 during each of the 15 clinic sessions. Total attendance was 118.

# Program Statistics

The following statistics reflect the activities of the Community Health Worker. The Program Coordinator and registered nurse statistics are included with those of the Nursing Division.

**Table 20. Community Health Worker Services**

| | 1988[1] | 1987 |
|---|---|---|
| Attendance at child health clinics | 135 | 37 |
| Assisted at schools (hours) | 39 | 36 |
| Home visits | | |
| Independent visits | 72 | 517 |
| Made with other R.N. | 3 | 3 |
| Made with P.H.N. | 1 | 10 |
| Transported clients to | | |
| Immunization/CHC | 4 | 10 |
| Other health appointments | 3 | 12 |
| Community services | | |
| Contact with Native groups | 16 | 10 |
| Visits to hospitals (postnatals) | n/a | 19 |
| Patients visited | n/a | 47 |

[1] April to December

# Family Health Programs

# 1. Infant and Preschool Services

### Child Health Clinics

Public health nurses provide child health clinic services at 15 locations throughout the city. The frequency of the clinics at each site varies from once a month to four days per week. During 1988, 10,186 visits were made for the purposes of screening for health problems, immunization, counselling and referrals. Pediatrician clinics were also available by appointment.

**Table 21. Attendance at Child Health Clinics**

| | 1988 | 1987 |
|---|---|---|
| Number of visits | 10,196 | 10,687 |
| Number of clinic sessions | 554 | 614 |
| Average attendance | 18.4 | 17.4 |

### Four-Year-Old Birthday Checkups

All four-year olds in Regina are invited by letter to come for a check-up which includes screening for vision, hearing, speech, development and general health. Immunization is given as required. Those receiving the check-up numbered 2,110. This accounted for 66% of four year olds.

### Preschool Vision and Hearing Screening Program

Pre-school children, primarily those aged three and four, are screened for vision, hearing and development at special vision and hearing screening clinics. These are held at the department's Central and Branch offices, day care centres and nursery schools. Screening is also done as part of the four-year-old birthday checkups.

**Table 22. Number of Preschool Children Screened for Vision and Hearing, 1987-88**

| Screening Clinics | 1988 | 1987 |
|---|---|---|
| Central/Branch offices | 62 | 54 |
| Day Care Centres | 17 | 25 |
| Nursery Schools | 10 | 5 |

### Vision

Of the 2,322 preschool children screened, 2,163 (93%) were found to have normal vision. Twenty-one (1%) had a stable known defect and 75 (3%) had a new

defect detected. One hundred and twenty-four (5%) children were referred for further follow-up.

**Hearing**

Initial audiometer screening was administered to 2,327 preschoolers, with 183 requiring repeat screening. Normal hearing was assessed in 2,120 (91%) children. Twenty-three (1%) had a known defect and 84 (4%) had a new defect detected. One hundred and thirty (6%) children were referred for further follow-up.

**Day Care Centres and Nursery Schools**

Nurses made 218 visits to day care centres and 46 to nursery schools. During these visits, nurses were involved with vision and hearing screening, communicable disease screening and investigation, health teaching and dealing with other health concerns.

**Home Visits**

Parents of infants and preschoolers also received health information and counselling through home visits made by public health nurses.

**Table 23. Home Visits Regarding Infants and Preschoolers, 1987-88**

| | 1988 | 1987 |
|---|---|---|
| Number of visits regarding infants | 3,970 | 4,121 |
| Number of visits regarding preschoolers | 2,095 | 2,120 |

# 2. School Services

Approximately a third of each public health nurse's time is scheduled for the city's 114 schools (92 elementary, 15 high and seven other). Time spent in each school varies with the school's size and special needs, but the average time spent is one half day per week for elementary schools and one day per week for high schools.

Visits to homes on behalf of school children numbered 1,224.

**Table 24. School Health Services, 1987-88**

| | Number of Recipients 1988 | | 1987 | |
|---|---|---|---|---|
| Health assessment | 2,568 | | 3,198 | |
| First Aid | 3,305 | | 3,497 | |
| Immunization | 4,348 | | 4,262 | |
| Student counselling (general) | 4,478 | | 4,826 | |
| Pregnancy counselling | | | | |
| -first contact | 24 | | 32 | |
| -follow-up | 100 | | 97 | |
| Parent counselling | 3,923 | | 4,024 | |
| Teacher counselling | 5,116 | | 5,265 | |
| Screening procedures | | | | |
| Hearing-first this year | 8,213 | | 7,951 | |
| -repeat this year | 789 | | 1,060 | |
| -referred | 250 | (3%) | 301 | (4%) |
| Vision-first this year[1] | 2,322 | | 21,030 | |
| -repeat this year | 7,705 | | 1,926 | |
| -referred | 250 | (11%) | 1,023 | (5%) |
| Scoliosis-screened | 286 | | 196 | |
| -referred | 18 | (6%) | 9 | (4%) |
| Communicable diseases | 11,111 | | 9,134 | |
| Classroom instruction | | | | |
| Number of sessions | 567 | | 444 | |
| Number of students | 14,344 | | 12,161 | |

[1]Trained parent volunteers did initial vision screening for 12,180 students (1987).

# 3. Home Visiting

Health teaching and follow-up also took place during 6,678 visits to homes in the community. Visiting, travel and recording time totalled 7,080 hours. Some of the reasons for these home visits were: adult health concerns (3,002); senior adults' health (270); postnatal (3,293); sudden infant death (8); suspected child abuse (11); boarding care homes inspections(21).

The S.A.I.L. program (Saskatchewan Aids to Independent Living) involved 25 home visits plus 26 phone calls and the requisitioning of 22 pieces of SAIL equipment.

Telephone consultations included 8,651 held with the public, plus 2,188 consultations with physicians, health, education, social and community agencies.

## 4. Referrals

Public health nurses often act in the role of advocate and referral agent for individuals in the community. These referrals were made to departments and organizations such as the Department of Social Services, V.O.N. and Home Care. The Nursing division, in turn, also received 1,916 referrals from other agencies. These included those referred by SAIL (1,001); hospitals (821) and others (94).

## 5. Boarding Care Homes

Boarding Care Homes are private homes in the community which care for one to three senior citizens. They have been licensed since 1973 under City of Regina bylaw No. 5128. In 1988, thirteen homes caring for 38 patients were licensed.

It appears that the number of boarding care homes is diminishing while the number of homes caring for four to 15 patients is increasing. These homes, are under the jurisdiction of the provincial government but are not licensed. Although the provincial department of Health has drafted legislation for licensing and monitoring these homes, this much needed legislation has not been passed.

# Administration Reports

# 1. Medical and Pediatric Services

Medical and pediatric services were again provided by a pediatrician. These include direct clinical services to mothers and their children, and telephone consultative services to staff members, private practitioners, and other professionals relating to communicable disease control and public health programs.

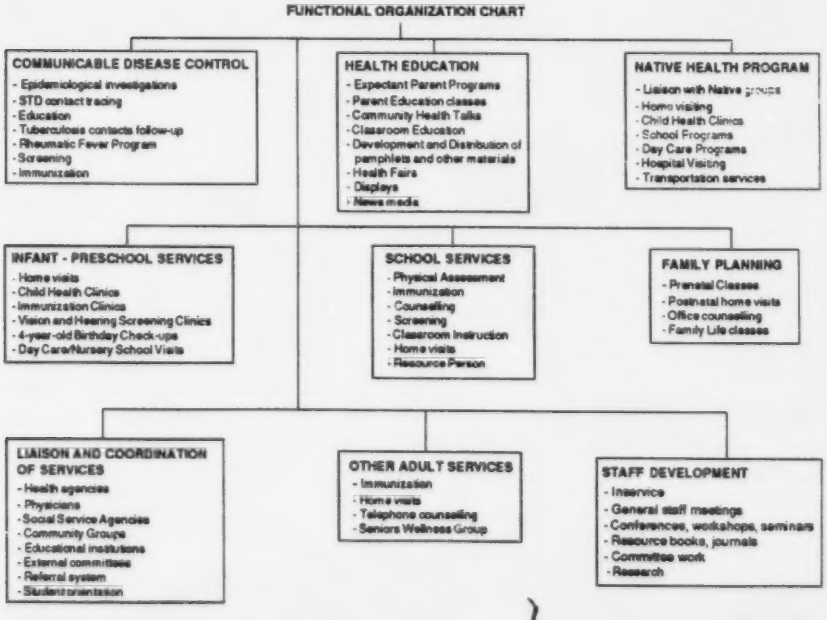
Direct clinical services are offered weekly at the central and branch offices. During 1988, 206 children were examined. Of these, 63 required referral to a private physician or community agency.

**Table 25. Paediatric examinations and referrals, 1988**

| Reasons for referral | Number |
|---|---|
| Articulation and/or language delay | 24 |
| Foot problems | 6 |
| Hearing deficit | 5 |
| Respiratory problems | 5 |
| Skin | 3 |
| Oral thrush | 3 |
| Developmental delay | 2 |
| Vision | 1 |
| Miscellaneous medical | 14 |
| Total | 63 |

Several outbreaks of illness in health-care institutions, one of which was food-related, resulted in increased demands for medical consultation.

# 2. Public Health Nursing



## Staff

The Public Health Nursing Division is staffed with 45 nurses and support staff. Included are one nursing director; three assistant directors of nurses; 30 community district nurses; three immunization nurses; one STD/TB communicable disease nurse; one public health nurse: special programs, one registered nurse and one community health worker with a native community focus; two health records clerks; one clerk typist III; one clerk typist II in immunization. During the year there were three resignations from permanent staff, two resignations from casual full time and five maternity leaves or leaves of absence.

The Director of Nursing resigned in August and the position was filled in an acting capacity by an assistant nursing director until October when a new Director was appointed. One assistant director of nurses took a six month maternity leave, while another assistant director of nurses was granted an adoption leave of four months. Six district nurses were given the opportunity to serve in an assistant nursing director capacity for approximately nine weeks each.

All division staff participated in the Department Audit process by completing questionnaires and providing program descriptions.

## Community Involvement

Involvement with community and interagency groups is essential for community health nursing. Nursing staff are represented on community committees such as: Regina Child Abuse Prevention Committee; Mobile Crisis Board (Personnel Committee); Community Health Administrative Nurses; Family Service Bureau Board; Saskatchewan Institute of Applied Arts and Science Liaison; Interagency Family Life; Merici Board; Family Life Advisory Committee (Board of Education); Regina Sexual Abuse Committee; AIDS Regina Advisory Board; Healthiest Babies Possible; Mackenzie Infant Day Care; and Teen Parent Network.

## Internal Committees

Internal committees and work groups provide a means of accomplishing tasks while providing opportunity for personal growth and development among employees. Some of these committees that were active during 1988 were Nursing Administration; Division Head; Nursing Teams; High School Nurses; Communicable Disease; In-service; Prenatal; Safety; Family Life; Day Care Issues; Immunization; Cathedral Wellness Group; Journal Club; Child Abuse; Social; Occupational Health and Bulletin Board.

## New Programs, Projects and Activities

A joint school-health kindergarten school entry questionnaire was developed. Several schools were selected by the school board to pilot this questionnaire in the fall of 1988. A revised student health history form for use in high schools was drafted and piloted.

Discussions were held to determine our involvement in the co-ordination of the Healthiest Babies Possible Program. The nurse co-ordinator of the Native Health Program will be the resource person to the program and will provide coordination and supervision.

A community health experience of five weeks for nine University of Saskatchewan College of Nursing students was provided. The assistant directors of

nursing were involved with the planning and orientation of the students. A faculty advisor provided the supervision of the students. Nurses also provided for 134 additional community health experiences for Diploma nursing students from SIAST - Wascana Campus.

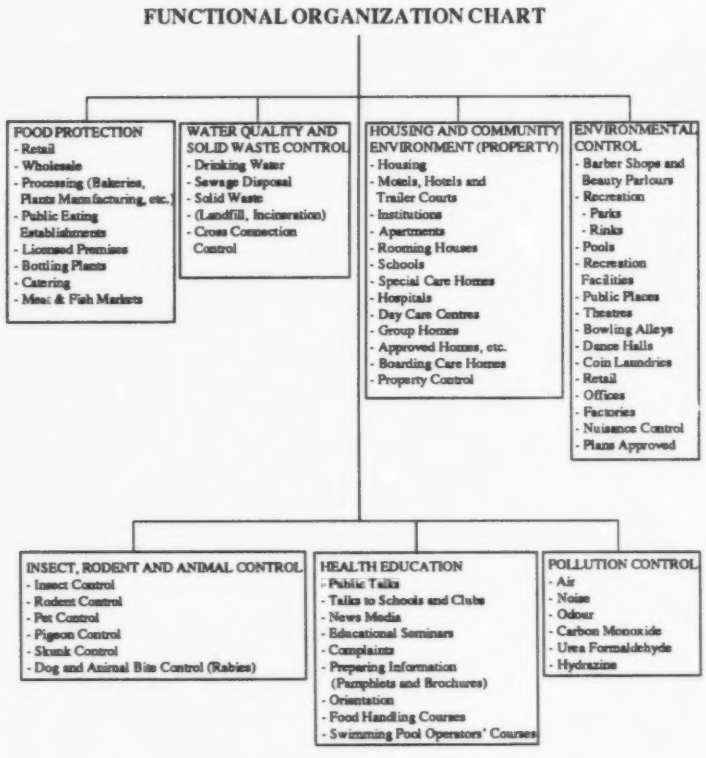
A number of information sheets suitable for public distribution were developed in cooperation with other divisions within the department. These included: Vitamin/ Fluoride Guideline sheet, Scabies Information sheets and an information sheet on Haemophilus b disease and Haemophilus b Conjugate Vaccine.

A division staff member was very active on the Department Buffalo Days Committee. Excellent displays in the two offices were arranged during the week.

### Staff Development

Through the year a number of staff development sessions were offered. A total of 22 inservice sessions were given and ten general staff meetings were held. Individual staff also participated in 41 external workshops. Staff members of the Nursing Division averaged 6.25 days of staff development.

# 3. Environmental Health Division




### Responsibilities

The Environmental Health division continues to strive to make our environment a healthier and safer place in which to live. It does this by preventing health

hazards from arising and by removing those hazards that do exist. Continuing efforts are being made to improve sanitation standards throughout the city by instructing and educating the public and by enforcing legislation. In 1988, a total of 25,439 inspections, investigations, consultations and tests were done by the staff. A total of 1,202 complaints of various natures were also attended to.

Staff

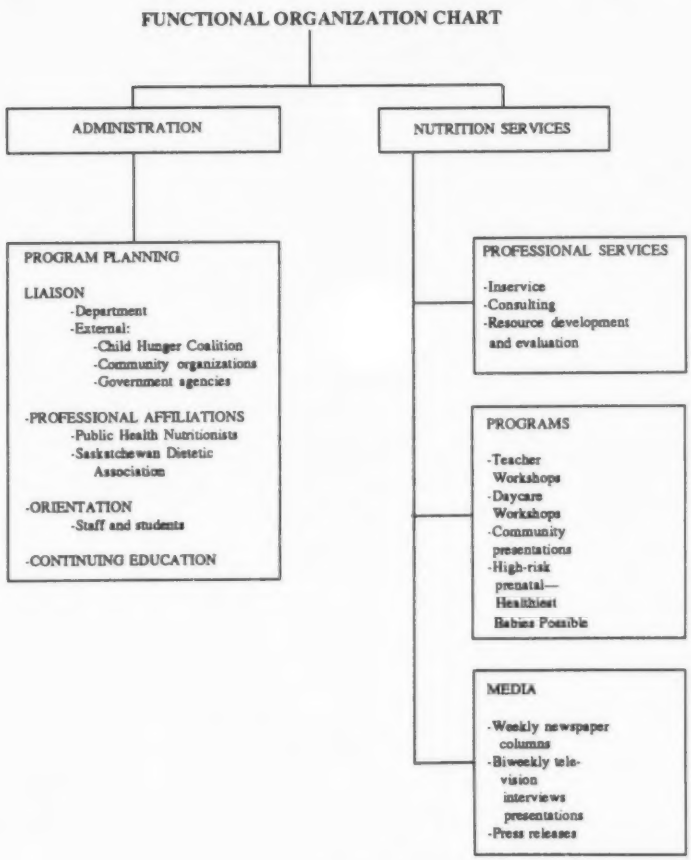
This division has a full complement of eight district public health inspectors, one senior public health inspector, one chief public health inspector and a clerk typist. One district public health inspector left and the vacancy was filled.

Professional Development

Two public health inspectors attended a one-week upgrading course offered annually at the University of Saskatchewan, Saskatoon. This gives the division the opportunity to keep up with changing times and technology.

The division has had a very successful year. The inspectors greatly appreciate the cooperation from all other divisions within the department, other city departments, the general public, elected officials and government agencies.

# 4. Nutrition Division



The Nutrition Division

1.identifies the nutrition education needs of the community.

2.is responsible for planning, implementing and evaluating nutrition education programs for Health department staff and the public.

3.provides nutrition information and counselling to health professionals and the public.

Staff

Staff consist of a senior nutritionist, in a full time position, and one nutritionist in a part-time casual position.

Staff vacancies occurred during the year. The senior nutritionist resigned in July and this position remained vacant for two months. The casual position was not filled until March. Statistics for the year reflect the interruption in service; for example, attendance at workshops was 21% less than that in the previous year.

Efforts were made to recruit additional casual staff to work on projects; however, suitable candidates were not found for these positions. Existing workloads, therefore, were adjusted to meet demands, in particular, the commitment to The Food for Learning project. This also interfered with providing on-going services and curtailed program expansion.

It is hoped that in 1990, the part-time casual position will be reinstated as a permanent full time position. For the intervening period, efforts will be made to meet demands with existing staff. Recruitment for casual staff, however, will be continued to increase the feasibility of program expansion.

Workload

Contacts with the public were lower than in the preceding year as a result of vacancies and staffing changes. Even with the interruption in programs, 3,337 individuals received nutrition services; 59% of this number attended group sessions. Such groups as public health nurses, teachers, day care workers, fitness instructors, recreation leaders and dental auxiliaries attended nutrition education sessions. Reaching these groups was an efficient use of the nutritionist's time because of the spin-off effect of the nutrition instruction.

Time spent in meetings increased from 1987. Involvement in the Child Hunger Coalition and the Food for Learning project accounted for the increase.

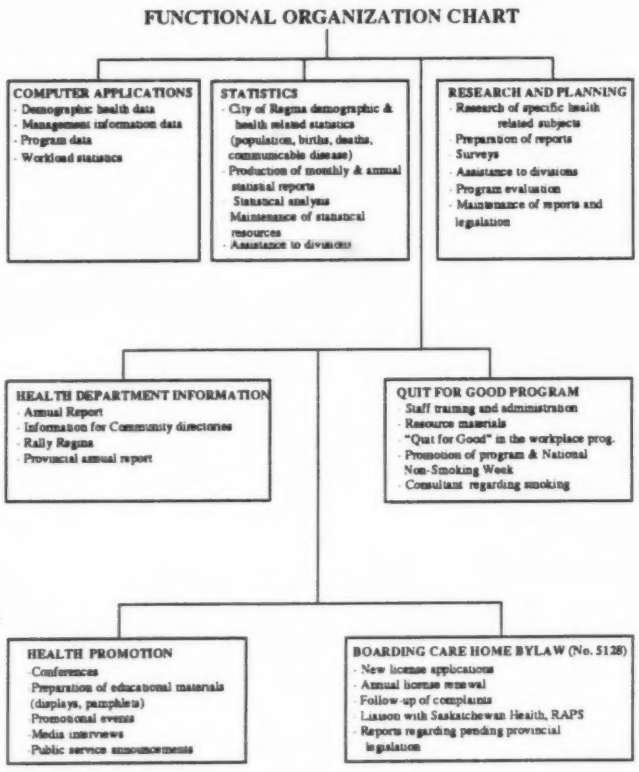
A nutrition student was employed for the summer months. The assistance she provided, in particular, the development of display materials was most helpful. Experience in community nutrition was provided to dietetic interns from the Regina General Hospital.

General Hospital.

Program Planning

The annual review of the division's strategic plan was completed and projects were developed to meet program objectives. These projects were included in the Health Department's major projects for the Community Services Directorate.

# 5. Biostatistics Division


FUNCTIONAL ORGANIZATION CHART
COMPUTER APPLICATIONS
· Demographic health data
· Management information data
· Program data
· Workload statistics
STATISTICS
· City of Regina demographic & health related statistics (population, births, deaths, communicable disease)
· Production of monthly & annual statistical reports
Statistical analysis
Maintenance of statistical resources
· Assistance to divisions
RESEARCH AND PLANNING
· Research of specific health related subjects
· Preparation of reports
Surveys
· Assistance to divisions
· Program evaluation
· Maintenance of reports and legislation
HEALTH DEPARTMENT INFORMATION
· Annual Report
· Information for Community directories
· Rally Regina
· Provincial annual report
QUIT FOR GOOD PROGRAM
· Staff training and administration
· Resource materials
· "Quit for Good" in the workplace prog.
· Promotion of program & National Non-Smoking Week
· Consultant regarding smoking
HEALTH PROMOTION
· Conferences
· Preparation of educational materials (displays, pamphlets)
· Promotional events
· Media interviews
· Public service announcements
BOARDING CARE HOME BYLAW (No. 5128)
· New license applications
· Annual license renewal
· Follow-up of complaints
· Liaison with Saskatchewan Health, RAPS
· Reports regarding pending provincial legislation

Research and Statistics

This division maintains a database of health statistics for the department and provides assistance with data collection procedures. It also analyzes and interprets statistics such as births, deaths and communicable diseases. The division cooperates in research and planning for the Health department and may also assist in or directly plan programs to meet the changing needs of the community.

Microcomputer Applications

The division has continued to develop microcomputer applications for the department. It also provides assistance to other divisions regarding computers and computer applications. This year, three computers were added to the department, increasing the

efficiency of activities such as record keeping, statistics, reports and mail outs.

Health Education and Promotion

The division continued to provide assistance to other divisions in the areas of preparation of displays; production of pamphlets and other educational materials; and planning of promotional activities. In particular, the division is also involved in the following:

Quit for Good - The program is administered by this division. This includes training staff, monitoring and evaluation. Workplace programs are also organized. A one-day seminar about smoking cessation was planned for employees from Legal Aid.

Bylaw respecting smoking in public places - Assistance in administration and interpretation of the bylaw is provided.

Displays - Displays were prepared for promotions such as the Seniors' Health Fair, Drug Awareness Week and National Non-Smoking Week.

"AIDS in the Workplace" Conference - The Biostatistician assisted in planning for the conference.

Workplace Smoking Policies - Assistance was given to a number of Regina organizations concerning the development and implementation of smoking policies.

Smoke in the Workplace Committee

The Biostatistician continued to provide resources to the City's committee. In March, she took over as Chairperson and assisted with the implementation of a third and final phase of the policy.

Other Responsibilities

These include administration of the Boarding Care Home Bylaw, coordination of department projects, and provision of information for other reports and directories. A new format for the department's annual report was developed.

# 6. Administrative Services Division

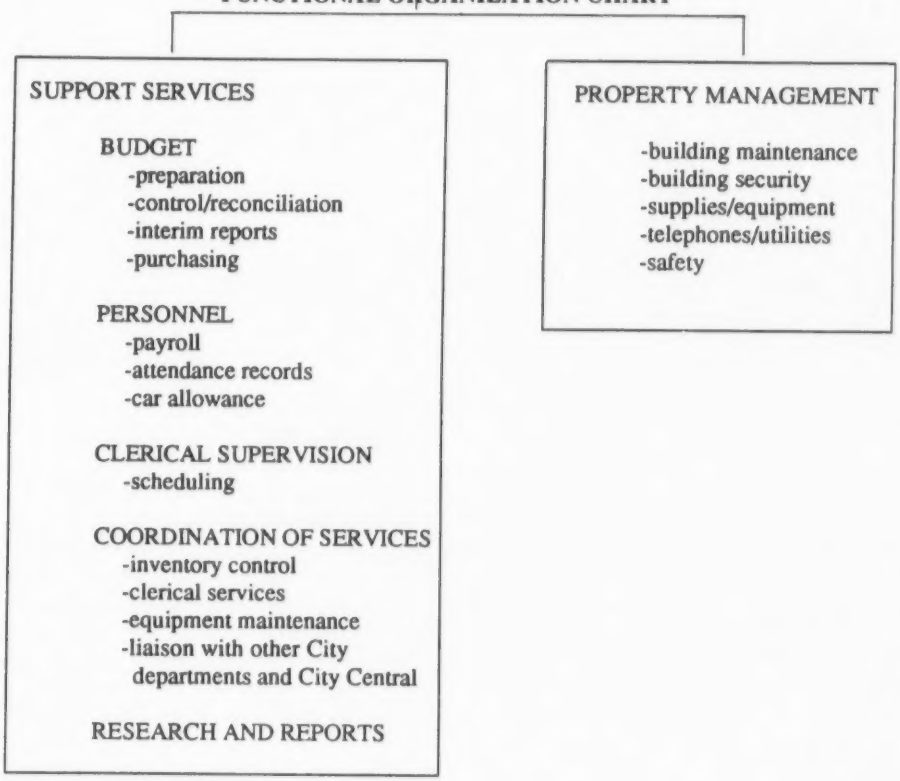
Responsibilities

This division provides operational assistance for the department at both the central and branch offices. Responsibilities include ordering all supplies, printed materials, duplicating, building maintenance and security. The preparation and control of the department's budget is also a primary responsibility.

Staff

The three caretakers and building maintenance costs were transferred to the Facilities Department as a result of the reorganization; however, day-to-day supervision is required by the Administrative Services Coordinator. The Coordinator supervises three clerical staff directly. In addition, a further six clerical staff are seconded to the Medical Health Officer and other divisions of the department.

## FUNCTIONAL ORGANIZATION CHART




Budget and Expenditures

The total program operating costs for 1988 were $2,847,700. These are broken down as follows for the major divisions.

**Table 26. Expenditures by Major Programs, 1987-88**

| Program | 1988 | 1987 |
|---|---|---|
| Environmental Health | 448,100 (16%) | 452,300 (16.5%) |
| Public Health Nursing | 1,791,900 (63%) | 1,705,400 (62.1%) |
| Nutrition | 64,700 ( 2%) | 80,900 ( 2.9%) |
| Administration | 543,000 *(19%) | 509,800 (18.6%) |
| Total | 2,847,700 | 2,748,400 |

*includes facilities

This represents a per capita cost of $15.87 for preventive health services to Regina citizens.

Revenue

The provincial per capita health grant increased again in 1988 to $6.43 or 40% of the provincial health region per capita costs ($16.08). In addition we received $45,700 for special initiatives from the government. Other revenue received amounted to $18,200 for fees charged for boarding care home licenses, immunization to international travellers, and registration for Quit for Good smoking cessation classes.

# Financial Statement-December 31, 1988

**Expenditures**

| | | |
|---|---|---|
| Salaries | $2,223,600 | |
| Benefits | 244,500 | |
| Professional memberships | 6,900 | |
| Car allowances | 94,300 | |
| Uniforms | 13,300 | |
| Honorariums, wages | 6,100 | |
| Supplies and materials | 39,900 | |
| Laundry | 1,100 | |
| Reference books and subscriptions | 3,700 | |
| Education and training publications | 2,000 | |
| Audio-Visual materials | 7,500 | |
| Seminars, conventions, business trips | 10,500 | |
| Printing and duplicating | 27,000 | |
| Equipment maintenance | 4,700 | |
| Postage/freight | 1,100 | |
| Telephone | 21,700 | |
| Contracts and miscellaneous | 10,700 | |
| Advertising | 2,200 | |
| Computer services - Systems | 3,600 | |
| Transfer to Reserve | 277,400 | |
| Facility maintenance | 123,300 | |
| | | $3,125,100 |
| Grants to Healthiest Babies Possible program | 23,200 | |
| **Total** | | **$3,148,300** |

**Revenue**

| | | |
|---|---|---|
| Fees: | | |
| Boarding Care Home license fees | $1,200 | |
| Medical Services fees (immunization) | 6,200 | |
| Other fees - burial permits $ 100 | | |
| - registration fees 10,700 | 10,800 | |
| | | $18,200 |
| Grants: | | |
| Provincial Per Capita | $1,153,500 | |
| Other Provincial Grants | 45,700 | |
| Grants for Healthiest Babies Possible | 34,800 | |
| | | $1,234,000 |
| From City Revenue | | $1,896,100 |
| **Total Revenue** | | **$3,148,300** |